

## AUTO TRANSPORTATION COMPANY APPLICATION

**This application packet contains the following information:**

- ☐ Application Forms
- ☐ Sample Standard Tariff and Time Schedule Format
- ☐ WAC 480-30 – Rules Relating to Passenger Transportation Companies
- ☐ “Your Guide to a Satisfactory Safety Rating”

If you are operating as an auto transportation company you are subject to commission regulation.

**Auto Transportation Company:** Transporting passengers for compensation over any public highway in the state of Washington between fixed termini or over a regular route. (Example, transporting passengers and their luggage to the airport)

If you are providing intrastate regular route service under a federal grant of authority under the provisions of 49 U.S.C. § 13902 the commission will grant you an auto transportation certificate consistent with the federal grant of authority and limited to intrastate operations that are conducted together with regularly scheduled interstate operations on the same route. You must provide a copy of your federal order granting authority.

Auto Transportation company certificate applications are subject to public notice and protest and may be set for hearing.

You must have a certificate from the commission before operating as a passenger transportation company in the state of Washington.

You must file and maintain bodily injury and property damage insurance (Form E) covering each motor vehicle you operate in the state of Washington. Insurance or bond minimum limits are:

Motor vehicles that:	Must have bodily injury and property damage insurance or surety bond with the following minimum limits:
Have a passenger seating capacity of fifteen or less (including the driver)	\$1,500,000 combined single limit coverage
Have a passenger seating capacity of sixteen or more (including the driver)	\$5,000,000 combined single limit coverage

You may contact Licensing Services staff at (360)664-1222 and Compliance staff at (360)664-1232. The Commission has a policy of providing equal access to its services. If you need special accommodations, please call 1-800-416-5289 or TTY (360)586-8203. To request this document in alternate formats, please call (360)664-1133.

Please submit your application forms, appropriate attachments and proof of insurance to the following address:

Washington Utilities and Transportation Commission  
 1300 S. Evergreen Park Drive S.W.  
 P.O. Box 47250  
 Olympia, Washington 98504-7250

If paying by credit card, you may fax your application to (360)586-1181.

Please refer to our website [www.wutc.wa.gov](http://www.wutc.wa.gov) for WORD and PDF versions of the application, standard tariff and time schedule format, adoption notice, etc.

<b>Type of Passenger Transportation Authority Requested (check one box)</b>	<b>Fee Required</b>
<b><u>Auto Transportation Authority</u></b> <input type="checkbox"/> New Certificate (auto transportation company certificates include statewide charter and excursion carrier service) – Complete sections 1-8 and Attachment E. Submit a proposed tariff and time schedule.  <div style="text-align: right; padding-right: 50px;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div>	<b>\$ 200</b>
<input type="checkbox"/> <b><u>Extension of Existing Auto Transportation Certificate No. C-</u></b> _____ Complete sections 1-8. Submit a proposed tariff and time schedule.	<b>\$ 150</b>
<b><u>Transfer or Lease Auto Transportation Authority</u></b> – Complete sections 1-8 and Attachment B. <input type="checkbox"/> All of Certificate No. C- _____ <input type="checkbox"/> Portion of Certificate No. C- _____	<b>\$ 200</b>
<input type="checkbox"/> <b><u>Temporary Auto Transportation Authority</u></b> (New temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application) – Complete sections 1-8 and Attachment A.	<b>\$ 150</b>
<input type="checkbox"/> <b><u>Mortgage of Certificate</u></b> – Complete section 1 and Attachment D.	<b>\$ 35</b>
<input type="checkbox"/> <b><u>Name Change</u></b> (Change company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner) – Complete section 1 and Attachment C.	<b>\$ 35</b>
<input type="checkbox"/> <b><u>Reinstatement of Cancelled Certificate</u></b> – Complete sections 1 and 8	<b>\$200</b>

**TYPE OF PAYMENT:**

<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
<b>Credit Card Information (if applicable):</b>	Expiration Date Month/Year
Amount: \$ _____ Company Name: _____	
Cardholder's signature: _____ Date: _____	

<b>FOR OFFICIAL USE ONLY</b>			
<b>Date Filed:</b>	<b>Docket #:</b>	<b>Motcar:</b>	<b>Cert. Issued:</b>
<b>LS Staff Assigned:</b>	<b>Insurance:</b>	<b>Application:</b>	<b>Related App:</b>
<b>DOL/SOS:</b>	<b>Tariff/Time Schedule:</b>	<b>Map:</b>	
<b>Text approved for docket:</b>	<b>Safety Inspection:</b>	<b>Reception #:</b>	<b>111 0268:</b>
<b>111-0268-232-02:</b>	<b>111-0268-232-01:</b>	<b>111-0268-230-02:</b>	<b>111-0268-230-01:</b>

## **SECTION 1 – APPLICATION INFORMATION**

<b>Name of Applicant:</b>		
<b>Trade Name(s)</b> (if applicable):		
<b>Unified Business Identification Number (UBI):</b> (If you do not know your UBI number or need to request one contact the Department of Licensing at (360)664-1400)		
<b>Phone Number:</b> (    )	<b>Fax Number:</b> (    )	<b>E-mail:</b>
<u>Physical Address</u>		<u>Mailing address</u> (if different from Business Address)
Street: _____		Street: _____
City: _____		City: _____
State/Zip: _____		State/Zip: _____

## **SECTION 2 – COMPANY INFORMATION**

<b>Type of business structure:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (LP, LLP, LLC) _____		
List the name, title, and percentage of partner's share or stock distribution for major stockholders:		
<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>

<p><b>Provide the following documents with your application:</b></p> <p><input type="checkbox"/> A map of the proposed line, route, or service territory that meets the standards described in WAC 480-30-051</p> <p><input type="checkbox"/> Support statements for temporary authority (if applicable)</p> <p>Describe the proposed service including the line, route, or service territory description in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic descriptions.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>State the conditions that justify the granting of this application.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes If yes, list the names and addresses of companies</p> <p>_____</p> <p>_____</p> <p>_____</p>
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What is your USDOT number? \_\_\_\_\_ (If you currently don't have a USDOT number, you can go online to [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3816 or 360-596-3803)

Do you currently hold, or have you ever held, an auto transportation certificate?

☐ No ☐ Yes If yes, please indicate your certificate number: C- \_\_\_\_\_

Have you ever applied for and been denied an auto transportation certificate?

☐ No ☐ Yes If yes, please explain: \_\_\_\_\_

Have you been cited for violation of state laws or commission rules?

☐ No ☐ Yes If yes, please explain: \_\_\_\_\_

### ***SECTION 3 –TARIFF AND TIME SCHEDULE***

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must include a proposed tariff and time schedule that is in compliance with WAC 480-30-251 through WAC 480-30-436.

If this application is a transfer or a lease of authority from an existing certificate, you must either file a new tariff and time schedule at the same rate levels as on file, or you must adopt the current certificate holder's tariff and time schedule. To file a new tariff, use the standard tariff format attached to this application or an approved alternate format. Indicate which option you will use:

☐ Adopt (Complete attachments \_\_\_\_\_) or ☐ File a new tariff

### ***SECTION 4 – HEARING INFORMATION***

If the Commission assigns this application for formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

Number of witnesses:

Amount of time:

Will an attorney be representing you? If yes, complete the following:

Attorney's name:

Attorney's phone number:

Attorney's address:

Fax Number:

Street

E-mail:

City, State, Zip

### ***SECTION 5 – FINANCIAL STATEMENT***

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

## **SECTION 6 – EQUIPMENT LIST**

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before your application may be granted.				
Year	Make	License Number	Vehicle ID Number	Seating Capacity

## **SECTION 7 – SAFETY AND OPERATIONS**

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.	
<b>SAFETY RESPONSIBILITIES</b>	
<b>COMMERCIAL DRIVER’S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES</b> (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.	
Name:	Position:
<b>DRIVER QUALIFICATION REQUIREMENTS</b> (Title 49, Code of Federal Regulations Part 391) Driver’s must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.	
Name:	Position:
<b>DRIVERS HOURS OF SERVICE</b> (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.	
Name:	Position:
<b>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING</b> (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).	
Name:	Position:
<b>INSPECTION, REPAIR AND MAINTENANCE</b> (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.	
Name:	Position:
<b>SAFETY REGULATIONS, GENERAL</b> (Title 49, Code of Federal Regulations Part 390)	
Name:	Position:
<b>DRIVING OF COMMERCIAL MOTOR VEHICLES</b> (Title 49, Code of Federal Regulations Part 392)	
Name:	Position:
<b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION</b> (Title 49, Code of Federal Regulations Part 393)	
Name:	Position:
<b>OPERATIONAL RESPONSIBILITIES</b>	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
<b>TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS</b> (WAC 480-30-251 through WAC 480-30-436) Companies must file a tariff showing all rates it will impose on its customers, together with rules that govern how rates will be assessed. Companies must also file a time schedule. Charter and excursion only carriers are not required to file tariffs and time schedules per WAC 480-30-251.	
Name:	Position:
<b>ANNUAL REPORTS AND REGULATORY FEES</b> (WAC 480-30-066 through WAC 480-30-081) Auto Transportation companies must file an annual report of their financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report and pay regulatory fees by December 31 of each year.	
Name:	Position:

<b>CUSTOMER SERVICE</b> Person responsible for customer service complaints, and customer notice requirements.	
Name:	Position:
<b>STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS</b> Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u> : Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.	
Name:	Position:

***SECTION 8 – DECLARATION OF APPLICANT:***

I understand that filing this application **does not** authorize me to start operations requested or in the territory described until the commission grants the application and issues a certificate.

I understand the responsibilities of a passenger transportation company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

I certify under penalty for false statement, that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.

Printed name:\_\_\_\_\_

Signature:\_\_\_\_\_

Date, County, State:\_\_\_\_\_

## ATTACHMENT A

### **TEMPORARY CERTIFICATE SUPPORT STATEMENT**

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name: \_\_\_\_\_

#### **CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Describe the need for the requested service:

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If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable): \_\_\_\_\_

\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Explain why the current company is not able to provide you service:

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I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date, County, State

## ATTACHMENT B

### **JOINT APPLICATION FOR TRANSFER OR LEASE OF CERTIFICATED AUTHORITY**

The commission must approve any sale, assignment, lease, or transfer of a company's certificate, or any portion of the operating authority described in a company's certificate. This does not apply to change in ownership resulting from an acquisition of control of a corporation through stock sale or purchase.

Certificate Number C-\_\_\_\_\_

Check appropriate box:

☐ Transfer All\*                      ☐ Transfer Portion\*                      ☐ Lease All\*\*                      ☐ Lease Portion\*\*

\_\_\_\_\_  
Current Name on Certificate (Seller/Lessor)

\_\_\_\_\_  
Current Trade Name on Certificate (Seller/Lessor)

\_\_\_\_\_  
Address (Seller/Lessor)

\_\_\_\_\_  
Phone Number

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have all fines and /or penalties been paid?

☐ No                      ☐ Yes

Has the closing annual report been filed?

☐ No                      ☐ Yes

Does the buyer/lessee agree to begin service as soon as the commission authorizes the transfer or lease?

☐ Yes

☐ No, If not, then when? \_\_\_\_\_

If the commission assigns this application for formal hearing, does both the seller/lessor and the buyer/lessee agree to be present at the hearing?

☐ Yes

☐ No

Both the seller/lessor and the buyer/lessee certify that this application is not made for the purpose of hindering, delaying or defrauding creditors.

This application must include a map and copy of the certificated authority to be transferred/leased. If applying for permission to transfer or lease a portion of the certificated authority, then the application must include a map and description of both the portion to be transferred/leased and the portion to be retained by the existing certificate holder.

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

\_\_\_\_\_  
Seller's/Lessor's Signature

\_\_\_\_\_  
Date, County, State

\_\_\_\_\_  
Buyer's/Lessee's Signature

\_\_\_\_\_  
Date, County, State

\*If this application is for transfer, please attach a copy of the sales or other agreement to sell.

\*\*If this application is to lease, please attach a copy of the executed lease agreement.



## ATTACHMENT C

### AUTO TRANSPORTATION NAME CHANGE (WAC 480-30-146)

A company must file a name change application to change its corporate name, change its trade name, add a trade name to a certificate, or change the surname of an individual owner or partner to reflect a change resulting from marriage or other legal action. If a name change results from a change in ownership the company must file an application to transfer the certificate.

You must include:

- ☐ Copies of any corporate minutes or other legal documents authorizing the name change
- ☐ Proof that the new name is properly registered with the Department of Licensing, Office of the Secretary of State, or other agencies, as may be required

\_\_\_\_\_  
Current Name on Certificate

\_\_\_\_\_  
Current Trade Name on Certificate

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail address

If a **corporation**, list the name, title, and percentage of partner's share or stock distribution for major stockholders under current name:

Name

Title

Stock Distribution or Percentage of Shares

I request the name on Auto Transportation Certificate C-\_\_\_\_\_ be changed to:

New Name:\_\_\_\_\_

New Trade Name (if applicable)\_\_\_\_\_ UBI#\_\_\_\_\_

If a corporation, list the name, title, and percentage of partner's share or stock distribution for major stockholders under the new name:

Name

Title

Stock Distribution or Percentage of Shares

You must file a new tariff using the same rate levels as currently on file, or adopt the current tariff in the new name. To file a new tariff use the standard tariff format attached to the application or an approved alternate form. Indicate which option you will use:

☐ Adopt a current tariff      or      ☐ File a new tariff

I certify under penalty of perjury under the laws of the state of Washington that the information contained in this application is true and correct.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature and Title of Applicant

\_\_\_\_\_  
Date, County, State

## ATTACHMENT D

### PERMISSION TO MORTGAGE A CERTIFICATE

The commission must approve any mortgage of a company's certificate.

You must include:

- ☐ A copy of the mortgage
- ☐ A profit and loss statement for the 12-month period indicated below
- ☐ A copy of original certificate

Mortgagee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\$ \_\_\_\_\_  
Amount of Mortgage                      Date Mortgage is in Effect

Mortgage will be due and payable as follows:

\_\_\_\_\_  
\_\_\_\_\_

Mortgage is incurred for the following purpose:

\_\_\_\_\_  
\_\_\_\_\_

Indicate other property to be secured by the mortgage:

\_\_\_\_\_  
\_\_\_\_\_

For the most recent 12-month period ending \_\_\_\_\_, the internally generated funds of the certificate holder consist of the following:

Depreciation	\$ _____
Net Income	\$ _____
Other	\$ _____
Total:	\$ _____

Less the estimated payments during the next 12-month period for:

Interest in existing debt	\$ _____
Interest on proposed debt	\$ _____
Principal payments on existing debt	\$ _____
Principal payments on proposed debt	\$ _____
Payments on other long-term obligations	\$ _____
Total:	\$ _____

Balance of internal funds available for other purposes: \$ \_\_\_\_\_

If internally generated funds are insufficient to meet the actual and proposed interest and principal payments, report the source and amount of other funds to be used for these payments.

I certify this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date, County, State

## ATTACHMENT E

### CHARTER AND EXCURSION CARRIER REGULATORY FEES

(A minimum fee of \$25.00 is required)

Name of applicant:\_\_\_\_\_

Trade name (s) (if applicable):\_\_\_\_\_

Phone Number:\_\_\_\_\_ Fax Number:\_\_\_\_\_

#### Physical Address

#### Mailing Address (if different from Business Address)

Street:\_\_\_\_\_

Street:\_\_\_\_\_

City:\_\_\_\_\_

City:\_\_\_\_\_

State/Zip:\_\_\_\_\_

State/Zip:\_\_\_\_\_

There is a minimum fee of \$25.00 that an auto transportation company with charter and excursion carrier service must pay.

Number of Vehicles:\_\_\_\_\_ X \$25.00 = \$\_\_\_\_\_

## TARIFF ADOPTION NOTICE

Tariff No. \_\_\_\_\_

\_\_\_\_\_  
(Name of new company)

\_\_\_\_\_  
(Trade name of new company)

adopt all tariffs and supplements to the tariffs,  
filed with the Washington Utilities and Transportation by:

\_\_\_\_\_  
(Name of prior company)

before the date of its (new company) acquired possession  
of that (prior) company, or a portion of the authority  
of that (prior) company.

Notice issued by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date filed with Commission: \_\_\_\_\_